DOCUMENT INVENTORY FORM - ETS

Name: ———

TEAM ~~Department:~~ BC

Office Location: —

Tel. Extension: —

Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location ROOM	FORM OF STORAGE ~~Medium~~	Time Period
—	DIAGRAMS	—	—	—	
	DOCUMENTATION	1	321	BOO	
	PIF	4	023 / 321	2 BAG 2 BIN	
	PROTOCOLS	2	321	BOO	
	RAW DATA	16	023/024/321	BIN	
	REPORTS	1	321	BOO	
	SLIDES	20	024	BOX	

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